

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) ROAD #5 KM. 27.4 EXT. EXPRESO DE DIEGO BO. PALMAS CATANO, PR. 00982		TAX BOND NO.	BL NO. SJUELY269JAX020	Date: 06/11/02
		EXPORT REFERENCES RV-081474		SHIPPER REFERENCE NO.
		BOOKING NUMBER MG11216		
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) MG- WAUKEGAN DC (REL) () C/O ALLEGIANCE 2101 WAUKEGAN ROAD WAUKEGAN IL 80085		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER L.C.		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS. UPON ARRIVAL PLEASE CONTACT () LUIS VEGA 787 275-3013		ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR		PLACE OF RECEIPT		
VESSEL EL YUNQUE	VOY. NO 269 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	
PORT OF DISCHARGE JACKSONVILLE, FL		DESTINATION PORT WAUKEGAN, IL		FINAL DESTINATION OF GOODS (NOT VESSEL) WAUKEGAN, IL

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: PRMU650664 SEAL 1: 28777 SEAL 2: 32252 TIR# 097176	1 45HC	STC: 47 PALLETS 1957 PCS MEDICAL DEVICES BILL OF LADING NO. RV-81474 **ALL MOTOR** DELIVERY ON 6/18 AT 8:00AM ** TR/DR;	24,854	
CORRECTED BILL OF LADING				
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		COPY NON-NEGOTIABLE

* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 23 and 24 on the reverse side or shipper selects Option (A) or (B) below.

A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply; and carrier will charge the Ad Valorem rate for Shipper's cargo.
Declared Value \$

B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requires Shipper's interest cargo insurance at the applicable rate charged by Carrier.

Yes ☐ No ☐ Insured Value \$

Subject to Clause 24 of Conditions, if the shipment is to be delivered to the Consignee without recourse to the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.

Signature of
Consignor

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.
THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSPORTING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIAGE TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

FREIGHT PAYABLE AT/ BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 1,250.00	1,250.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 15.00	15.00

JUL 23-2002 17:42

SEA STAR LINE

904 725 9829

P.01/01

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO		TAX BOND NO.	BL NO. SJUEXP219ELZ055	Date: 05/07/02
		EXPORT REFERENCES MA566N0380		
		BOOKING NUMBER		SHIPPER REFERENCE NO. RV#80723
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) BW MONTGOMERY DC (REL) (USA11111) C/O ALLEGIANCE 390 COUNTY HIGHWAY 99 MONTGOMERY, NY 12549		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LLC.		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)		ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR		
VESSEL EXPEDITION	VOY. NO 219 N	FLAG UNITED STATES	POINT AND COUNTRY OF ORIGIN	
PORT OF DISCHARGE PORT ELIZABETH, NJ		PORT OF LOADING SAN JUAN, PR		FINAL DESTINATION OF GOODS (NOT VESSEL) MONTGOMERY, NY
DESTINATION PORT PORT ELIZABETH, NJ				

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: PRMU650725 SEAL 1: 026083	1 40HC	STC: 44 PALLETS 1,470 PIECES MEDICAL DEVICES TR/DR	27,589	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT	COPY NON-NEGOTIABLE	

* Carrier's \$500 limitation of liability per carrier shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 23 and 24 on the reverse side or shipper selects Option (A) or (B) below.

A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per carrier will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value \$

B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rate charged by Carrier.

I Yes [] No Insured Value \$

Subject to Clause 24 of Conditions, if the shipment is to be delivered to the Consignee without recourse to the shipper, the shipper shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of
Consignor

RECEIVED THE GOODS OF PACKAGES AND TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.
THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIER'S TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED ORIGINAL (S) OF LAPROS, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

BY

SEA STAR LINE, LLC

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 1,118.00	1,118.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 10.00	10.00

TOTAL CHARGES: 1,253.00

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, P.R		TAX BOND NO.	BL NO. SJUELY259JAX012	Date.
		EXPORT REFERENCES RV#80773		
		BOOKING NUMBER KG06229	SHIPPER REFERENCE NO.	
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) NO HAMMOND DC (REL) (USA11111) C/O ALLEGIANCE 701 PRIDE DRIVE HAMMOND, LA 70401		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS. ()		ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR		PLACE OF RECEIPT		
VESSEL EL YUNQUE	VOY. NO 259 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY HAMMOND, LA	FINAL DESTINATION OF GOODS (NOT VESSEL) HAMMOND, LA	

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: PRMU650038 SEAL 1: 26017 TIR# 100797 000 @0x0@0x	1 45HC	STC: 44 PALLETS 1,865 PIECES MEDICAL DEVICES ** TR/DR □	18.801	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT	COPY NON-NEGOTIABLE	

* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Option (A) or (B) below

A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value \$

B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.

Yes ☐ No ☐ Insured Value \$

Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of
Consignor

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIER'S TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON, D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

BY

REVISED 2/02

SEA STAR LINE, LLC

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE
IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 1,072.00	1,072.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 10.00	10.00

TOTAL CHARGES: 1,207.00

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, P.R				TAX BOND NO.	BL NO. SJUELY259JAX011	Date:
				EXPORT REFERENCES RV#80782		
				BOOKING NUMBER KG06157	SHIPPER REFERENCE NO.	
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. (USA50912) 4835 MENDENHALL MEMPHIS, TN 38118				SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) ()				ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR				PLACE OF RECEIPT		
VESSEL EL YUNQUE	VOY. NO 259 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF ORIGIN		
PORT OF DISCHARGE JACKSONVILLE, FL			PLACE OF DELIVERY MEMPHIS, TN	FINAL DESTINATION OF GOODS (NOT VESSEL) MEMPHIS, TN		
PARTICULARS FURNISHED BY SHIPPER						
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS			GROSS WEIGHT	MEASUREMENT
UNIT NO: PRMU650312 SEAL 1: 26020 TIR# 100850	1 45HC	STC: 34 PALLETS 1,259 PIECES MEDICAL DEVICES ** TR/DR			18,801	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT			COPY NON-NEGOTIABLE	

Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.

Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value \$ _____

Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.

Yes ☐ No ☐ Insured Value \$ _____

Subject to Clause 24 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall make delivery of this shipment without payment of freight and all other lawful charges.

Signature of
Consignor

THESE GOODS OR PACKAGES SAID TO CONTAIN GOODS HEREIN REPRODUCED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.

RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND REVERSE HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, THE VOTING.

WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND ONE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE

IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 875.00	875.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 10.00	10.00

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, PR 00962				TAX BOND NO.		BL NO. SJUCRS060JAX107		Date: 05/10/02	
				EXPORT REFERENCES GU585N0400					
				BOOKING NUMBER				SHIPPER REFERENCE NO. RV#80813	
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) LA ONTARIO DC (REL) (USA11111) C/O ALLEGIANCE 4551 E. PHILADELPHIA ST ONTARIO, CA 91761				SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.					
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)				ALSO NOTIFY, ROUTING OR INSTRUCTIONS					
PIER SAN JUAN, PR				PLACE OF RECEIPT SAN JUAN, PR					
VESSEL CRUSADER		VOY. NO 060 N		FLAG UNITED STATES		PORT OF LOADING SAN JUAN, PR		POINT AND COUNTRY OF ORIGIN	
PORT OF DISCHARGE JACKSONVILLE, FL				PLACE OF DELIVERY ONTARIO, CA		FINAL DESTINATION OF GOODS (NOT VESSEL) ONTARIO, CA			

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: PRMU650083 SEAL 1: 025947	1 45HC	STC: 44 PALLETS 2,120 PIECES MEDICAL DEVICES ** TR/DR	21,025	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT	COPY NON-NEGOTIABLE	

* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Option (A) or (B) below

A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value \$

B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.

Yes ☐ No ☒ Insured Value \$

Subject to Clause 24 of Conditions, if the shipper is to be delivered to the Consignee without recourse to the consignor, the consignor shall sign the following statement. The carrier shall make delivery of this shipment without payment of freight and all other lawful charges.

Signature of
Consignor

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIER'S TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

INITIALES, WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED, (ORIGINAL BILL OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID)

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
 LOGISTICS PAYMENT SERVICES
 PO BOX 2000
 SUGAR GROVE
 IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 1,726.00	1,726.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 10.00	10.00

TOTAL CHARGES: 1,861.00

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, P.R 00962		TAX BOND NO.	BL NO. SJUCRS060JAX116	Date: 05/10/02
		EXPORT REFERENCES GU585N0670		
		BOOKING NUMBER RV80838		SHIPPER REFERENCE NO.
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) MN CHAMPLIN DC (REL) (USA11111) C/O ALLEGIANCE HEALTHCARE 9000 109TH AVE. NORTH CHAMPLIN, MN 55316		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC. ()		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) ()		ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR		
VESSEL CRUSADER	VOY. NO 060 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY		
		FINAL DESTINATION OF GOODS (NOT VESSEL)		

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: PRMU650106 SEAL 1: 026008	1 45HC	STC: 1,672 PCS MEDICAL SUPPLIES ** TR/DR DOOR DELIVERY TO: MN CHAMPLIN DC 9000 109TH AVE. NORTH CHAMPLIN, MN 55316	22,368	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT	COPY NON-NEGOTIABLE	

* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.

A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value \$ _____

B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.

Yes () No Insured Value \$ _____

Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges:

Signature of
Consignor

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.
THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS' TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON, D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID

BY _____

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE
IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 1,500.00	1,500.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 10.00	10.00

TOTAL CHARGES: 1,635.00

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO PR 00962		TAX BOND NO.	BL NO. SJUHAW215ELZ048	Date: 05/13/02
		EXPORT REFERENCES IV06530		
		BOOKING NUMBER		SHIPPER REFERENCE NO. RV80868
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) BW MONTGOMERY DC (USA11111) C/O ALLEGIANCE 390 COUNTY HIGHWAY 99 MONTGOMERY NY 12549		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LLC.		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) BAXTER HEALTHCARE (USA03930) C/O SCHNEIDER LOGISTICS PO BOX 2000 SUGAR GROVE		ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR		PLACE OF RECEIPT		
VESSEL HAWAII	VOY. NO 215 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	
POINT AND COUNTRY OF ORIGIN				
PORT OF DISCHARGE PORT ELIZABETH, NJ		PLACE OF DELIVERY MONTGOMERY, NY		FINAL DESTINATION OF GOODS (NOT VESSEL) MONTGOMERY, NY

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: PRMU650954	1 45HC	STC: 44 PALLETS MEDICAL DEVICES ** TR/DR	12,399	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT	COPY NON-NEGOTIABLE	

* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Option (A) or (B) below.

A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value \$ _____

B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.

[Yes] [No] Insured Value \$ _____

Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse to the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of
Consignor

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____, ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE
IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 1,136.00	1,136.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 15.00	15.00

TOTAL CHARGES: 1,276.00



HOST FAX BILL OF LADING

PLEASE
REMIT
TO

SEA STAR

100 BELL TEL WAY SUITE 300
JACKSONVILLE, FL 32216FOR INTERMODAL TRANSPORT
FOR PORT TO PORT SHIPMENT☒ Check One Box

(SPACES BELOW FOR SHIPPERS MEMORANDA ONLY) - NOT PART OF B/L CONTRACT

SHIPPER EXPORTER (COMPLETE NAME & ADDRESS)

BAXTER HEALTHCARE CORP
RD 5 KM 27 4 EXT
EXPRESO DE DIEGO BO PALMAS
CATANO PR

SHIPPER NO.

B01554535

CREDIT NO.

ZIP CODE

00962

CONSIGNEE NO.

B01554453

BOOKING NUMBER

HU567N-0290

EXPORT DEC.

BILL TO:

D10072

VE -VEM

BAXTER HEALTHCARE CORP

C/O SCHNEIDER LOGISTICS

PO BOX 2000

SUGAR GROVE IL 60554

EXPORT REFERENCES

B/L#RV80564

FORWARDING AGENT - REFERENCES

N/A

FMC NO.

0000-FF

CONSIGNEE (COMPLETE NAME & ADDRESS)

BAXTER HEALTHCARE CORP
C/O ALLEGIANCE
390 COUNTY HIGHWAY 99
MONTGOMERY NY 12549

NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS)

NOTIFY PTY. NO.

UPON ARRIVAL PLEASE CONTACT
P COBIAN/LUIS VEGA AT
787-275-3013

ORIGINATING CARRIER - INTERMODAL

PLACE OF ORIGIN - INTERMODAL

SAN JUAN

CITY, STATE AND COUNTRY OF ORIGIN

CATANO, PR CAR

VESSEL (SEE CL 2) VOYAGE NO.

HUMACAO

FLAG

567N

PORT OF LOADING

SAN JUAN

VESSEL TERMINAL

PUERTO NUEVO

PORT OF DISCHARGE

ELIZABETH

DESTINATION INTERMODAL

MONTGOMERY

ROUTING FROM DISCHARGE TERMINAL

CONTAINERIZED (Vessel Only)

☒ YES ☐ NO

CARRIER'S RECEIPT

PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OF

CONTAINER NO. AND SEAL (OR MARK IF BREAK FULK)

PRMU650936

NO OF PACKAGES

237

DIM

MARKS (IF CONTAINERIZED) & DESCRIPTIONS OF GOODS NOT PART OF B/L

MEDICAL PRODUCTS

GROSS WEIGHT (Kiloo)

16206.0

MEASUREMENTS

0.00

1X45HV

PKG

LB

CF

S/ 026095

ORDERS: 52505783*AA 52506784*AA 830664411

PIECES

009 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS

601

5#/CF, W OR W/O SOL (NMF 567900-1 CL 175)

010 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS

344

5#/CF+, W/ OR W/O SOL. (NMF 56790-2 CL 100)

011 SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS

942

BAGS IN BXS/PKG 97 (NMFC 59380-6 CLS 55)

032 ARTICLE, PLASTIC/RUBBER, O/T EXPANDED/FOAM, W/DENS 4#/CF

8

L/T 6#/CF (NMF 156600-4 CL 150)

155 DRUGS, CHEMICALS, MEDICINES & OTHER ARTICLES, RVNX

480

\$2.30/# (NMFC 060000 CL 70)

TOTAL NUMBER OF PKGS OR UNITS
IMPORTANT: See Clause 6

THESE COMMODITIES LICENSED BY U.S. FOR ULTIMATE DESTINATION

DIMENSION CONTRARY TO U.S. LAW PROHIBITED

TERMS: ☐ PREPAID ☒ COLLECTBILL TO: ☐ SHIPPER ☐ FORWARDER ☐ CONSIGNEE ☐ NOTIFY PARTY ☒ OTHER

INSURANCE (See Tariff Reg.)

YES ☐

values \$ Premium \$

DECLARED VALUE OVER \$500

or pkg. or unit \$ Extra Charge \$

RECEIVED for shipment, in external appearance, tonnage and condition, containers, other packages or units listed in the "Carrier's Receipt", issued by the Shipper to contain the goods described in "Particulars furnished by Shipper", which Particulars, including weight and measurement, have not been verified by the Carrier and are not part of the B/L contract. The Carrier makes representation regarding contents, weight or measurement.

NOTE: BE SURE TO READ THE TERMS OF THIS BILL OF LADING CONTRACT CONTAINED ON REVERSE SIDE. OBTAIN SIGNATURE OF CARRIER ON THIS COPY AND RETAIN AS YOUR ORIGINAL INLAND/OCEAN BILL OF LADING.

H, INC.

ON BEHALF OF THE MASTER

I OF LADING NO

NAVA

DATE:

04/29/02

☐ N/A PICKUP

E Transport

TOTAL CHARGES >

PAGE: 001 OF 001

NPR, INC. - 1997

IMPORTANT! READ CLAUSES ON REVERSE SIDE. 2



HOST FAX BILL OF LADING

FOR INTERMODAL TRANSPORT
FOR PORT TO PORT SHIPMENT☒ Check One BoxPLEASE
REMIT
TO

SEA STAR

100 BELL TEL WAY SUTIE 300
JACKSONVILLE, FL 32216

SHIPPER EXPORTER (COMPLETE NAME & ADDRESS)

BAXTER HEALTHCARE CORP
RD 5 KM 27 4 EXT
EXPRESO DE DIEGO BO PALMAS
CATANO PR

SHIPPER NO.

B01554535

CREDIT NO.

ZIP CODE

00962

BOOKING NUMBER

MA565N-0610

EXPORT DEC.

BILL TO:

D10072

DJ -DJW

BAXTER HEALTHCARE CORP

C/O SCHNEIDER LOGISTICS

PO BOX 2000

SUGAR GROVE IL 60554

EXPORT REFERENCES

CONSIGNEE (COMPLETE NAME & ADDRESS)

MEMPHIS REL
C-O ALLEGIANCE
4835 MENDENHALL RD
MEMPHIS

CONSIGNEE NO.

B01554548

TN 38115

NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS)

P COBIAN / LUIS VEGA
787-275-3013

NOTIFY PTY. NO.

RV80649

FORWARDING AGENT - REFERENCES

FMC NO.

ORIGINATING CARRIER - INTERMODAL

PLACE OF ORIGIN - INTERMODAL

SAN JUAN

CITY, STATE AND COUNTRY OF ORIGIN

CATANO, PR CAR

VESSEL (SEE CL. 2) VOYAGE NO.

MAYAGUEZ

FLAG

565N

PORT OF LOADING

SAN JUAN

VESSEL TERMINAL

PUERTO NUEVO

PORT OF DISCHARGE

JACKSONVILLE

DESTINATION INTERMODAL

MEMPHIS

ROUTING FROM DISCHARGE TERMINAL

CONTAINERIZED (Vessel Only)

☒ YES ☐ NO

CARRIER'S RECEIPT

PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OF

CONTAINER NO. AND SEAL (OR MARK IF BREAK BULK)

PRMU650582

1X45HV

S/ 026055

NO. OF PACKAGES

1240

PCS

HM

MARKS (IF CONTAINERIZED) & DESCRIPTIONS OF GOODS NOT PART OF B/L

MEDICAL PRODUCTS

GROSS WEIGHT (Kilogs)

20223.0

LB

MEASUREMENTS

0.00

CF

009 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS
5#/CF, W/ OR W/O SOL (NMF 567900-1 CL 175)

93

010 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS
5#/CF+, W/ OR W/O SOL. (NMF 56790-2 CL 100)

362

011 SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS
BAGS IN BXS/PKG 97 (NMF 59380-6 CLS 55)

547

088 BAGS/ENV/PCKTS/POUCHES, PLASTIC, W/DENS 8#/CF OR GRTR,
IN BXS/CRATES/PKGS 2311/2432 (NMF 20480-1 CL 150)

20

155 DRUGS, CHEMICALS, MEDICINES & OTHER ARTICLES, RVNX
\$2.30/# (NMF 060000 CL 70)

200

304 GLASS, MICROSCOPE SLIDE/COVER, IN BSX
(NMF 86770 CLS 70)

18

TOTAL NUMBER OF PKGS OR UNITS

IMPORTANT: See Clause 6

THESE COMMODITIES LICENSED BY U.S. FOR ULTIMATE DESTINATION

DIVERSION CONTRARY TO U.S. LAW PROHIBITED

TERMS: ☐ PREPAID ☒ COLLECTBILL TO: ☐ SHIPPER ☐ FORWARDER ☐ CONSIGNEE☐ NOTIFY PARTY☒ OTHER

INSURANCE (See Tariff Reg.)

YES ☐

OCEAN FREIGHT & ACCESSORIAL CHARGES

PREPAID

COLLECT

Values \$ Premium \$

DECLARED VALUE OVER \$500

Per pkg. or unit \$ Extra Charge \$

RECEIVED for shipment, in external apparent good order and condition, the containers, other packages or units listed in the "Carrier's Receipt", said by the Shipper to contain the goods described in "Particulars Furnished by Shipper", which Particulars, including weight and measurement, have not been verified by the Carrier and are not part of this B/L contract. The Carrier makes no representation regarding contents, weight or measurement.

NOTICE: BE SURE TO READ THE TERMS OF THIS BILL OF LADING CONTRACT CONTAINED ON REVERSE SIDE. OBTAIN SIGNATURE OF CARRIER ON THIS COPY AND RETAIN AS YOUR ORIGINAL INLAND/OCEAN BILL OF LADING.

VPH, INC.

ON BEHALF OF THE MASTER

BILL OF LADING NO.

NAVA

DATE:

380-5647974

04/30/02

☐ N/B PICKUPE Transport
AutoRated

TOTAL CHARGES >

PAGE: 001 OF 001

IMPORTANT! READ CLAUSES ON REVERSE SIDE 1

FORM # NPR, INC. - 1897



HOST FAX BILL OF LADING

FOR INTERMODAL TRANSPORT
FOR PORT TO PORT SHIPMENT☒ Check One BoxPLEASE
REMIT
TO

SEA STAR

100 BELL TEL WAY SUTIE 300
JACKSONVILLE, FL 32216

SHIPPER EXPORTER (COMPLETE NAME & ADDRESS) BAXTER HEALTHCARE CORP RD 5 KM 27 4 EXT EXPRESO DE DIEGO BO PALMAS CATANO PR		SHIPPER NO. B01554535	BOOKING NUMBER MA565N-0580	EXPORT DEC.
CONSIGNEE (COMPLETE NAME & ADDRESS) BAXTER HEALTHCARE CORP C/O ALLEGIANCE 701 PRIDE DRIVE HAMMOND LA 70401		CREDIT NO.	BILL TO: D10072	DJ -DJW
NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS) P COBIAN/LUIS VEGA 787-275-3013		ZIP CODE 00962	BAXTER HEALTHCARE CORP C/O SCHNEIDER LOGISTICS PO BOX 2000 SUGAR GROVE IL 60554	
NOTIFY PTY. NO.		CONSIGNEE NO. B01554512	EXPORT REFERENCES RV80645	
ORIGINATING CARRIER - INTERMODAL		PLACE OF ORIGIN - INTERMODAL SAN JUAN	CITY, STATE AND COUNTRY OF ORIGIN CATANO , PR CAR	
VESSEL (SEE CL. 2) VOYAGE NO. MAYAGUEZ	FLAG 565N	PORT OF LOADING SAN JUAN	VESSEL TERMINAL PUERTO NUEVO	
PORT OF DISCHARGE JACKSONVILLE	DESTINATION INTERMODAL HAMMOND	ROUTING FROM DISCHARGE TERMINAL	CONTAINERIZED (Vessel Only) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
CARRIER'S RECEIPT CONTAINER NO. AND SEAL (OR MARK IF BREAK BULK) PRMU650965 1X45HV S/ 026051		PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OF		
NO OF PACKAGES 1584	PCS PCS	MARKS (IF CONTAINERIZED) & DESCRIPTIONS OF GOODS NOT PART OF B/L MEDICAL PRODUCTS	GROSS WEIGHT (Kilos) 20007.0	MEASUREMENTS 0.00 LB CF
TOTAL NUMBER OF PKGS OR UNITS IMPORTANT: See Clause 6		THESE COMMODITIES LICENSED BY U.S. FOR ULTIMATE DESTINATION		
TERMS: > <input type="checkbox"/> PREPAID <input checked="" type="checkbox"/> COLLECT		BILL TO: > <input type="checkbox"/> SHIPPER <input type="checkbox"/> FORWARDER <input type="checkbox"/> CONSIGNEE <input type="checkbox"/> NOTIFY PARTY <input checked="" type="checkbox"/> OTHER		
SURANCE (See Tariff Reg.) YES <input type="checkbox"/> Values \$ Premium \$ DECLARED VALUE OVER \$500 r pkg. or unit \$ Extra Charge \$		OCEAN FREIGHT & ACCESSORIAL CHARGES		
DIVIDED for shipment, in external apparent good order and condition, containers, other packages or units listed in the "Carrier's Receipt", by the Shipper to contain the goods described in "Particulars furnished by Shipper", which Particulars, including weight and measurement, have been verified by the Carrier and are not part of the B/L contract. The Carrier makes representation regarding contents, weight or measurement.		PREPAID		
TICE. BE SURE TO READ THE TERMS OF THIS BILL OF LADING CONTRACT CONTAINED ON REVERSE SIDE. OBTAIN NATURE OF CARRIER ON THIS COPY AND RETAIN AS ORIGINAL INLAND/OCEAN BILL OF LADING.		COLLECT		
BY, INC. ON BEHALF OF THE MASTER		TOTAL CHARGES >		
OFF LADING NO. NAVA 380-5647963		DATE: 04/30/02		
PAGE: 001 OF 001 FORM # NPR, INC. - 1997		IMPORTANT! READ CLAUSES ON REVERSE SIDE 10		

Baxter Healthcare Corporation
One Baxter Parkway
Deerfield, Illinois 60015-4633

STRAIGHT BILL OF LADING-SHORT FORM
BHC 1878A ORIGINAL - Not Negotiable

TO: 34028166
CINCINNATI DC (REL)
1 ALLEGIANCE
32 SPELLMIRE DRIVE
CINCINNATI OH 45246

SHIPPED FROM:
BAXTER HEALTHCARE CORP. PRGLC
ROAD#6 KM.27.4 EXT.
EXPRESO DE DIEGO. PALMAS
CATANO, PR 00962

BILL OF LADING NO.
RV82568

SHIP DATE: 8-16-02 PAGE NO.

SC8TRU

CARSTAR

DEST: CI

DATE/TIME PRINTED: 8/16/02 8:07:32

ECES

HAZARDOUS MATERIAL INFORMATION

CLASS 70
POUNDS

See attached supplemental shipping papers for individual shipping name, classification, and weight of these hazardous materials. NOTE: The shipping paper, or reprint of same, must be in possession of the driver until delivery to consignee.

Special Instructions: Carrier direct billing only - No assignments include #3 only
Bill of Lading w/ Freight Bill to:
Baxter Healthcare Corp.
Freight payment Dept.
1430 Waukegan Road
McGaw Park, IL 60085

LDERS: 53631991*AA 53655389*AA 53655391*AA

** MEDICAL PRODUCT **

** PROTECT FROM FREEZING **

If charges are to be prepaid, write or stamp here "TO BE PREPAID"

PREPAID

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation, according to the application regulations of the Department of Transportation.

NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

\$1.80 Per Lb.

*Shippers imprint in lieu of stamp, and a part of bill of lading approved by the Interstate Commerce Commission

CHEMTREC

For Chemical
Emergency
Spill, Leak, Fire
Exposure or
Accident
Call Chemtrec-
Day or Night
(800) 424-9300

TCO	DESCRIPTION	PIECES	CUBE	WEIGHT
9	KITS/SETS, IN/OUTPATIENT TREATMENT/ CARE, NOI, IN BXS W/DENS < 5#/CF, W OR W/O SOL (NMFC 56790-1 CLS 175)	169	209	784
0	KITS/SETS, IN/OUTPATIENT TREATMENT/ CARE, NOI, IN BXS W/DENS >= 5#/CF, W/ OR W/O SOL (NMFC 56790-2 CLS 100)	138	256	1462
1	SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGU LANT, IM PLAS BAG W/IN PLAS BAGS IN BXS/PKG 97 (NMFC 59380-6 CLS 55)	575	511	8439
3	BAG/ENV/PCKT/POUCHES, PLASTIC, W/DENS 8#/CF < 15#/CF, INBXS/CRATES/PKG 2311 /2432 (NMFC 20480-2 CLS 92.5)	40	22	160

PRMU673317

WILLER NO: Sea Star 0029456

SEAL NO: 0029456

PALLET COUNT: 22

PIECES: 922

TOTAL POUNDS: 10,845

X

RECEIVED BY:

LOCK : SHIP VIA: STAGE: ROUTE:

BY

DRIVER: N/A

INSTRUCTIONS:

SEA STAR/CI173/CI036

SHIPPED BY: Sea Star

FOR CARRIER USE ONLY

IDS OFFERED

ACCEPTED ☐

DECLINED ☐

3 PER:

AGENT:

PER:

Baxter Healthcare Corporation
One Baxter Parkway
Deerfield, Illinois 60015-4633

STRAIGHT BILL OF LADING-SHORT FORM
ORIGINAL - Not Negotiable

TO: 34028 Z28
WAUKEGAN DC (REL)
ALLEGIANCE
1 WAUKEGAN ROAD
KEGAN IL 60085

SHIPPED FROM:
BAXTER HEALTHCARE CORP. PRGLC
ROAD#5 KM.27.4 EXT.
EXPRESO DE DIEGO, PALMAS
CARANO, PR 00962

BILL OF LADING NO.
RV81623

SHIP DATE: 6/18/02
PAGE NO.

SCA TRU

CARRIER STAR

DEST: MG DATE/TIME PRINTED: 6/18/02 7:51:47

PIECES	HAZARDOUS MATERIAL INFORMATION	CLASS 70 POUNDS	Special Instructions: Carrier direct billing only - No assignments include #3 copy Bill of Lading w/ Freight Bill to: Baxter Healthcare Corp. Freight payment Dept. 1430 Waukegan Road McGaw Park IL 60085
0	See attached supplemental shipping papers for individual shipping name, classification, and weight of these hazardous materials. NOTE: The shipping paper, or reprint of same, must be in possession of the driver until delivery to consignee.	0	

DEERS: 53042792*AA 53042793*AA

** MEDICAL PRODUCT **

If charges are to be prepaid, write or stamp here "TO BE PREPAID"

PREPAID

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the application regulations of the Department of Transportation.

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

\$1.80 Per Lb.

Shippers imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission

TCB	DESCRIPTION	PIECES	CUBE	WEIGHT
9	KITS/SETS, IN/OUTPATIENT TREATMENT/ CARE, NOI, IN BXS W/DENS < 5#/CF, W OR W/O SOL (NMFC 56790-1 CLS 175)	817	1025	4009
0	KITS/SETS, IN/OUTPATIENT TREATMENT/ CARE, NOI, IN BXS W/DENS >= 5#/CF, W/ OR W/O SOL (NMFC 56790-2 CLS 100)	765	1025	5577
2	ARTICLE, PLASTIC/RUBBER, O/T EXPANDED /FOAM, W/DENS 4#/CF < 6#/CF (NMFC 156600-4 CLS 150)	18	7	18

SUMMARY

BAXTER INFORMATION				CARRIER INFORMATION			
LV	WEIGHT	PIECES	CUBE	CLASS	WEIGHT	PIECES	CUBE
1	9604	1600	2057	100.0	5577	765	1025

CHEMTREC

For Chemical
Emergency
Spill, Leak, Fire
Exposure or
Accident
Call Chemtrec:
Day or Night
(800) 424-9300

CARRIER NO: PRMU650928 SEAL NO: 0032224 PALLET COUNT: 48P

PIECES: 1600 TOTAL POUNDS: 9,604

X

RECEIVED BY:

LOCK : SHIP VIA: STAGE: ROUTE:

ED BY : DRIVER: N/A

INSTRUCTIONS:

SEA STAR/MG563/MG798

SHIPPED BY:

SEE ADDITIONAL FOR CARRIER USE ONLY: FURTHER INSTRUCTIONS

RDS OFFERED

ACCEPTED ☐

DECLINED ☐

AGENT:

PER:

EXHIBIT “B”

Baxter									
PRMU		Billed as by Emerald		Paid for	Due			Amt Due	
673317	On Self billing	4/29/02 to 4/03/3 - 341 days	143 days	341 Days				\$ 297.00	
	Documents	SE 1048 Load summary CRS DR Voyage 052 No 5/24/02							
		SE 30070 Maersk Newark Gate report 5/0/ loaded export							
		SE 19963 TIR 122796 San Jaun Gate out/Gate In 9/30/02							
		No on any inventories sold San Juan 4/3/03							
650038	On Self billing	4/29/02 to 3/28/03 - 334 days	140 days	194 days				\$ 338.00	
	Documents	Gate out San Juan 4/23/02 with load for Best Way							
		E 067118 SSL report from First Coast Houston gate in 7/17/02							
		E 067119 SSL report from First Coast Houston Gate out 11/05/02							
		SE 19628 TIR 116180 San Juan Gate out 12/27/02 In 12/30/02							
		Not on any inventories Gate out 3/28/03 Email and signed							
650083	Not on Self billing	4/29/02 to 11/30/03 - 581 days	0 581 days					\$ 1,162.00	
	Documents	E 067156 Gate out San Juan 5/14/ Loaded Baxter	Stipulated loss value					\$ 1,120.00	
		SE 19349 TIR 159358 Jax Gate out only 5/17/02							
		SE 1027 Load summary CRS DR 060 N Voyage 5/10/02 loaded Baxter							
		SE 52927/41 L Florence email date 10/03/03 to Andy Rooks stating							
		Evaluation of Emerald equipment that sailed from 4/26/02 to							
		8/31/03 that was not on self billing report or Emerald Claim							
		Not on any inventories No record of return							
650106	Not on self billing	4/29/02 ro 11/30/03 - 581 days	0 581 days					\$ 1,162.00	
	Documents	E 067185 CSX Electronic report OA 5/21/02 Loaded Baxter	Stipulated loss value					\$ 1,120.00	
		SE 1027 Load summary CRS DR 060N Voyage Loaded Baxter 5/10/02							
		SE 18030 5/17/02 TIR 159566 Jax Gate out only 5/17/02							
		SE 52927/41 same explanation as PRMU 650083							
		Not on any inventories No record of return							

Baxter									
PRMU		Billed as by Emerald		Paid for	Due			Amt Due	
650312	On self billing	4/30/02 to 11/30/03 - 580 Days	141 days	429 days				\$ 878.00	
			Stipulated loss value					\$ 1,120.00	
	Documents	SE 19700 TIR 75802 Gate out/Gate in No date							
		SE 1284 Load Summary Elyun 259 N Voyage loaded							
		SE 50067/I George cervone Email Emerald equipment active 4/29/02							
		Not on any inventories No record of return							
650582	On self billing	5/3/02 to 7/3/02 - 62 days	62 days			0		\$ -	
650664	On self billing	4/29/02 to 8/14/02 108 days	124 days	(16 Days)				\$ (32.00)	
		SE 15841 Returned to Jax TIR 67518	In transit credit					\$ (20.00)	
650725	Not on self billing	4/29/02 to 11/29/02 - 215 Days		0 215 days				\$ 430.00	
		SE 1501 Load summary 5/7/02 Exped 219 N voyage Loaded							
		SE 30083 Maersk Newark gate log delivered import 5/13/02 loaded							
		E 067637 Returned Packer Avenue Marine by Palmer TIR M63211A							
650928	Not on self billing	4/29/02 to 7/31/02 - 93 days		0 93 days				\$ 186.00	
		SE 52927/45 same as PRMU 650083							
		Returned to Jax 7/31/02							
650936	Not on self billing	4/29/02 to 12/30/02 --246 days		0 246 days				\$ 492.00	
		SE 30039 Maersk Newark Gate log Received export 5/6/02							
		Returned Packer Avenue Marine Terminal by Palmer TIR M69871A							
650954	On self billing	4/29/02 to 8/14/02 - 108 days	124 days	(16 days)				\$ (32.00)	
			In transit credit					\$ (20.00)	
		SE 30116 Maersk Newark gate log Delivered import 5/20/02 loaded							
		Florence 2 shows second use 5/20/02 to 8/8/02							
		Returned Packer Avenue Marine terminal by HM Trkg TIR M35827A							

Baxter							
PRMU		Billed as by Emerald		Paid for	Due		Amt Due
650965	On self billing	4/29/02 to 9/10/03 - 500 days	121 days	379 days		\$	758.00
		SE 17537 TIR 156478 Jax Gate out only 5/3/02					
		E 067820 Gate in First Coast Houston 7/18/02					
		E 067821 Gate out First Coast Houston 9/23/02					
		SE 51455/64 L Florence email 4/30/03 stating Emerald equipment					
		remaining in the system					
		Gate out of San Juan 9/10/03 email and signed					

EXHIBIT “C”

[illegible]

[illegible]

[illegible]

[illegible]

